was followed by no maternal morbidity or mortality. Cæsarean section resulted in 10 per cent. mortality for mothers and 30 per cent. for children. The mothers had also a morbidity of 10 per cent.

Symphysiotomy (one case) was followed by good result. The entire series of cases resulted in a maternal mortality of 95 per cent., with morbidity of 3.81 per cent. For the children the mortality was 31.43 per cent., with a morbidity of 13.33 per cent.

In general, operative treatment was followed by a low maternal mortality, and a comparatively high fœtal death-rate. As regards morbidity operative treatment was far more successful with the mother than expectant treatment, while for the child the reverse was true. The low maternal and high fœtal mortality of the 105 cases was obtained by following the rule to regard the mother's interests as paramount over the child's. [It is not difficult to understand such a result when the mother's interests are alone considered. It is quite possible, however, that operative treatment (symphysiotomy especially) in some of these cases might have lessened fœtal mortality without increasing maternal risk.—Ed.]

PÆDIATRICS.

UNDER THE CHARGE OF

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THE DIPHTHEROID STOMATITIS OF INFANTS.

Beco (*Archives de Médecine expérimentale et d'Anatomie pathologique*, July, 1896, p. 433) describes under this name a disease which, though unrecognized, has been often confused, especially by the Germans, with aphthous stomatitis. Seven cases were observed during the course of an attack of scarlatina. In five of these cases the staphylococcus pyogenes aureus was found in pure culture in the membrane, in one the streptococcus pyogenes, and in the last the same organism with some colonies of the staphylococcus albus. In four of the five cases having the staphylococcus aureus impetiginous lesions were present on the face. Six other cases from an outpatient service were observed, only one of which showed the golden staphylococcus. Of the others, two exhibited the streptococcus pyogenes with the staphylococcus albus, and three presented the same organisms together with the micrococcus tetragenus.

From a study of these cases the author describes diphtheroid stomatitis as a discrete localized affection of the buccal mucous membrane. Its seat of preference is upon the middle of the lower lip, upon the dorsum and borders of the tongue, more rarely upon the gums. He has never seen it upon the inner aspect of the jaws or upon the soft palate. These points of election are precisely those which are most directly in contact with objects which are carried to the mouth. The lesion presents itself as a plaque rising above the surface of the mucosa. These plaques vary in size from that of the head of a pin to that of a centime-piece, yellowish to grayish-white in color, the surface sometimes smooth, sometimes reticulated. In shape they are usually oval, though sometimes circular or polycyclic when two or more have coalesced. They are adherent to the subjacent tissue, and can be detached with a little force, leaving a grayish or reddish surface, irregular and bleeding slightly. The affection is scarcely painful, is accompanied by slight glandular enlargement, sometimes by exaggerated salivation, and rarely by fetor of the breath. These plaques appear without preceding vesicles, as in aphthæ; once formed they do not increase in size, unless several neighboring plaques coalesce. In the natural process of healing the exudate disappears, leaving a healthy ulceration which heals, forming a slightly depressed cicatrix. The natural termination is in cure at the end of from eight to fifteen days, which may be hastened by cauterization with the silver-stick. The affection is, therefore, parasitic and may be caused by several microbes, especially the staphylococcus pyogenes aureus and the streptococcus pyogenes. When once these organisms have produced diphtheroid plaques the affection is capable of being transmitted by contagion.

NIGHT-TERRORS TREATED BY MUSIC.

BESTCHINSKY (*Vratch*, 1896, No. 2, p. 49) has tried the effect of instrumental music in calming the night-terrors of a child three years old. The child awoke every night in a terror that could not be allayed by any of the ordinary means. The author advised that a piece of music be played in his hearing, choosing one of Chopin's compositions (Valse Brillante, No. 2). From the first evening the child slept without awaking. After some days the treatment was interrupted and night-terror recurred. It was prevented by resuming the treatment for a time. The cure was definitive after several months. Equally satisfactory results were achieved by this treatment in the hands of Dr. Berberoff, a friend of the author's.

THE PARASITES OF PERTUSSIS.

KOURLOW (*Vratch*, 1896, No. 3) ascribes whooping-cough to a ciliated amœba already described by Deichler in 1886. It is best detected, he says, in the mucus of the early stage, before the discharge becomes purulent. The organisms are unicellular, varying in size from half that of the red blood-corpuscle to that of the white corpuscle, or even larger. One side or two opposite sides are covered with long ciliæ which are in constant motion, and give to the bodies a rapid oscillatory movement. These movements cease when the liquid under examination becomes cold, but they may be observed for a long time upon the warmed stage. These corpuscles are clearly visible even when immovable. They may be stained with Ziehl's carbol-fuchsin. In dry preparations the bodies are small, but their ciliæ remain clearly visible. At a later period, in the purulent expectoration, these bodies are much fewer and very difficult to find; but there are now present in great number small, round, highly refracting bodies, concentrically striated like starch-granules. These are of variable size, the largest attaining a diameter double or triple that of the red corpuscle. In the larger ones can be seen a strong double envelope containing protoplasm with a central ovoid nucleus and brilliant nucleolus. The smaller bodies have only a thin ring of protoplasm, so that the envelope, protoplasm, nucleus, and nucleolus give the appearance of concentric rings; they are either isolated, grouped, or heaped up in large granular cells.

A CASE OF SCARLATINA WITH HIGH TEMPERATURE.

DEPASSE (*Revue mensuelle des Maladies de l'Enfance*, June, 1896, p. 294) records a case of scarlatina in an infant of sixteen months, which on the twelfth day was attended by a temperature of 107.5° F. Despite the use of antipyrin and cold baths repeated every two hours, this degree of elevation was maintained for seventy hours, after which the temperature slowly declined and the child made a good recovery.

THE RÔLE OF THE STREPTOCOCCUS IN SCARLATINA.

LEMOINE (*Société médicale des Hôpitaux*, March 20, 1896) has examined the blood in 35 cases of scarlatina, 33 of which followed the usual type and 2 assumed a hemorrhagic form, one of these being fatal at the end of forty-eight hours, the other after five days. Cultures of the blood of the 33 benign cases taken at the beginning of the eruption gave no growth, and the same negative result followed cultures made during the course and after the disappearance of the eruption. In the two hemorrhagic cases alone a pure culture of streptococci was obtained, and these two patients presented large sanguineous effusions from the margins of which the blood to be examined was taken. These streptococci, as in the researches of d'Espine and Marignac, coagulated milk and produced visible cultures upon potato. The streptococcus, therefore, seems to be accidental and due to complications of the disease. In this light the hemorrhagic form of scarlatina, it appears, should be considered as the result of the passage of the streptococcus into the blood and as the expression of a secondary infection of the entire organism.

Among the complications two cases of pleurisy, one fibrinous, the other purulent, gave the same streptococcus in pure culture; one of two cases of arthritis of the knee gave the streptococcus, the other a negative result. In twenty-two cases of nephritis with albuminuria this streptococcus was found in the urine of all, the angina having been of grave character. In eleven cases in which the urine remained normal the streptococcus was found in but one.

The author's conclusions are, therefore, that in scarlatina the renal complications are secondary and are the result of a streptococcic infection; that this secondary infection of the kidney is most often the result of a special virulence of the streptococcus developed in the fauces; and, finally, that these complications may become the point of departure of accidents of the same nature capable of being propagated by contagion.

In this connection reference may be made to a bacteriological study of KEMPER (*St. Petersburg Thesis*, 1895, and *Vratch*, 1895, No. 42) who has examined 205 cases of scarlatina without finding a streptococcus in the blood except in cases assuming a pyæmic form.

CYCLIC ALBUMINURIA IN A FAMILY.

While examining the urine of a chlorotic girl of fifteen years, SCHÖN (*Jahrbuch f. Kinderheilkunde*, 1896, Bd. xli. S. 307) found an albuminuria which subsequent examinations showed to be of the cyclic type: Albumin appeared about 11 A.M., and reached a maximum about 3 o'clock in the afternoon, diminishing thereafter until it disappeared completely by 8 o'clock P.M., and remaining absent during the night. Recalling an observation of Heubner's, who found cyclic albuminuria in several members of the same family, the author examined the urine of two sisters and two brothers of the patient and found the same condition in one of the sisters, a girl of thirteen years, also chlorotic. Treatment of the chlorosis had no effect upon the albuminuria. Unfortunately the two patients soon passed from observation. The author asks if the cyclic albuminuria had any dependence upon the chlorosis. In this disease, as is well known, there is sometimes fatty degeneration of organs and bloodvessels which explains the occurrence of œdema in certain cases by transudation through the walls of the vessels. The appearance of albumin in the urine in cases of cyclic albuminuria may, according to the author, be produced by a mechanism similar to that causing œdema.

OTITIS IN MEASLES.

BEZOLD (*Münchener medicinische Wochenschrift*, 1896, Nos. 10 and 11) has repeated the studies of Tobeitz upon the frequency of otitis in measles, and concludes with him that otitis is a constant accompaniment of this disease. This conclusion is based upon explorations of the ear in a large number of cases and upon post-mortem examinations of sixteen fatal cases.

In these sixteen cases microscopic examination of the middle ear showed the existence of otitis media. Except in one case where the exudate was found in the osseous portion of the Eustachian tube, an effusion, muco-purulent, seropurulent, or completely purulent, was found in all the cases, not only in the drum cavity, but also in the antrum and in the mastoid cells, where the latter were sufficiently developed. The mucosa of all these parts was swollen, congested, and covered with a fine network of vessels or with minute hemorrhages. Bacteriological examination of the exudate showed in half the cases streptococci, in the other half either white or golden staphylococci. The same organisms with the same frequency were found in the exudate obtained by puncture of the tympanum in cases that recovered.

This otitis appears early in the course of the disease, perhaps at the same time as the eruption and is in full development on the third or fourth day thereafter. Clinically its evolution is benign, generally without marked symptoms; perforation is exceptional, and, when produced, is followed by prompt cicatrization. Most often it requires no intervention and leaves no trace of its course, as the author has proved by comparative examinations among school-children.

The author rejects the theory of infection from the naso-pharynx, but concludes from the constancy of the lesion that it is simply a localization of the virus upon the mucous membrane of the ear, similar to that upon the conjunctiva, bronchi, and intestinal mucosa. In other words, this otitis is a sort of enanthem analogous to the exanthem of the skin.

A SECOND ATTACK OF MEASLES.

GOTTSTEIN (*Münchener medicinische Wochenschrift*, 1896, No. 13, p. 288) reports a case which permits of some interesting deductions concerning immunity. A girl of ten years had an attack of measles which was marked by abundant eruption, but showed very slight symptoms in the respiratory and conjunctival mucous membranes. Two years later she had the disease anew, which now presented a totally different aspect. The prodromal symptoms (fever, angina, bronchitis, conjunctivitis, and coryza) were extremely violent, and the eruption was delayed and little marked.

The author believes that the case supports the theory of acquired immunity formulated by Schleich. In the first attack the virus seemed to act especially upon the skin and but slightly upon the mucous membranes; the skin had thus become immunized. So in the second attack the poison affected especially the mucous membranes, having but little effect upon the skin previously immunized.

PATHOLOGY AND BACTERIOLOGY.

UNDER THE CHARGE OF

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THE PATHOLOGY OF FEVER AS BEARING UPON ANTIPYRETIC MEDICATION.

Few questions in connection with the infectious diseases are of greater interest to the practitioner of medicine at the present time than the significance of the fever which so constantly forms one of their most characteristic symptoms. For centuries the accepted treatment of these diseases has been directed to "breaking" the fever, resting upon the belief that this symptom is distinctly injurious, that the major part of the danger to the patient arises from it, and that it must at all hazards be overcome. With the development of our knowledge of the bacteria and of their causative relationship to disease, more particularly as regards the manner of their action upon the body, the question has arisen whether in reality the febrile condition is prejudicial to the natural progress of these diseases toward recovery; whether, in fact, it may not be a necessary part of the reaction of the body-tissues to the poisons of the diseases, and in so far conservative. If so, its treatment by means of antipyretics may do harm rather than good, interfering with the natural progress of the disease.